

STATE OF CALIFORNIA
**INDIVIDUAL LICENSE/CERTIFICATE
RENEWAL APPLICATION**

PR-PML-141 (REV. 9/04)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore, it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.

☐ Name Change ☐ Address Change

Name: _____

Address: _____

City, State, Zip: _____

SSN (OPTIONAL): _____

IMPORTANT- PLEASE READ
COMPLETE ALL INFORMATION
CONTINUING EDUCATION HOURS MUST BE OBTAINED BY 12/31 OF THE LICENSE/CERTIFICATE EXPIRATION YEAR

Continuing Education. Enter the total CE hours submitted in the space provided below.

License/Certificate Number, Type and Category(ies)	Check to Renew	Continuing Education Hours				Renewal Fees	Add Late Fees If	Total Fees Paid
		Laws	Aerial	Other	Total CE Hours	Post-marked on or before 12/31	Post-marked after 12/31	Indicate total amount paid
Enter Total CE and fees submitted								

Medical Certificate Card. Apprentice and Journeyman Pilots only. See Page 2 for requirements.

Fees. See Page 2 (instructions) to determine fees based on your license or certificate type and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

SIGNATURE

DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

Instructions on reverse

INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

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RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Program. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any business name or address change. Submit required documentation for a name change. Indicate any corrections that appear on the renewal form in the space provided.
- ☐ **Social Security Number (Optional).** DPR requests your Social Security Number (SSN) as an alternate method of applicant identification. Your SSN is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Federal Privacy Act of 1974 (PL93-79).
- ☐ **License(s)/Certificate(s) to be renewed.** Check or list all license(s) and/or certificate(s) to be renewed.
- ☐ **Submit a record of the total continuing education (CE) hours.** The CE hours must be DPR approved and obtained during the valid period of your license/certificate. The specific CE hour requirements are only minimums. They may be exceeded, however, they cannot be carried over to your next renewal period. You must meet the minimum CE requirements for "Laws" and "Aerial" if required; extra hours in "Laws" and/or "Aerial" may count as "other". If renewing multiple licenses/certificates, you must obtain sufficient CE hours to meet the license/certificate with the highest CE requirements; you do not have to obtain the "total" of CE hours for each license/certificate. Complete and submit the Continuing Education Record Renewal Summary or a similar form.
- ☐ **Medical Certificate Card (Apprentice and Journeyman Pilots Only).** Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901.
- ☐ **Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each license/certificate as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license and/or certificate **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

License Type	Fee	Late Fee	License Type	Fee	Late Fee
Agricultural Pest Control Adviser	\$140.00	\$70.00	Qualified Applicator Certificate	\$60.00	\$30.00
Qualified Applicator License	\$120.00	\$60.00	Dealer/Designated Agent License	\$50.00	\$25.00
Apprentice Pilot Certificate	\$90.00	\$45.00	Journeyman Pilot Certificate	\$90.00	\$45.00

- ☐ **Declaration/Signature.** Sign and date the renewal application.
- ☐ **Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- ☐ **Mail.** Send payment, completed renewal application form, and all required documentation including the list of CE hours (classes) in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your name and license/certificate number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

Failure to complete or provide the requested information may delay the processing of your application.

September 2003

About the Licensing Fee Increase

Department of Pesticide Regulation/Licensing and Certification

Why are licensing fees being increased?

The California Department of Pesticide Regulation (DPR) licenses and certifies individuals and businesses that apply, sell, or recommend pesticides in California. DPR conducts about 4,000 examinations annually and issues or renews about 15,000 licenses, which are typically valid for two years. DPR also accredits more than 2,500 continuing education courses each year.

Fees associated with these activities ranged from \$15 to \$100. Most had not been changed for more than 15 years, and did not keep pace with the cost of doing business. An independent consultant retained by DPR in 2001 calculated the cost of licensing-related activities at \$1.7 million, with fee revenue covering only about half those costs. Moreover, there was no fee for some services (for example, certifying continuing education courses) that generated significant workload. The State Budget funding shortfall has made it difficult for DPR to upgrade the technology used to process licensing and renewal applications.

Under the new State Budget, the Department is primarily a fee-based agency, with most revenue drawn from fees on pesticide registrations, professional licenses, and from the mill fee (which is assessed on pesticide sales).

What will the new fees be?

Licensing fees are being raised only to a level necessary to support the program and to reflect an adjustment for inflation. The new fees range from \$25 to \$160. The application fee no longer includes the cost of taking an exam. There is now a fee for application and separate charges of \$50 for each examination. A \$45 fee is now levied for reviewing and approving continuing education courses. Penalties for late renewal of licenses and certificates have also been increased. *A summary of the new fee structure is on the other side of this handout.*

Will these fees change again?

The Legislature gave the Director authority in regulation to adjust fee rates as needed, using a standardized methodology and inflationary indicators.

How do I know what fees I should pay?

DPR applications and renewal forms will identify the fees. *Table 1*, on the other side, summarizes fee changes for individual licenses and certificates, *Table 2* for business licenses, and *Table 3*, the new fees for services for which no fee was previously charged.

For more information, contact California Department of Pesticide Regulation, Licensing and Certification Program, 1001 I Street, P.O. Box 4015, Sacramento, CA 95812, 916/445-4038. The program's direct e-mail address is LicenseMail@cdpr.ca.gov. You can also find more information on our Web site, www.cdpr.ca.gov, click the "Licensing and Certification" tab.

Licensing Fee Highlights

- ▶ *Most licensing fees have not changed for more than 15 years.*
- ▶ *Fees are being raised only to a level necessary to support the program and reflect an increase for inflation.*

Table 1: Summary of fee changes for individual licenses and certificates

License or certificate type	Application fee	Examination fee (for each exam taken or re-taken)*	2-year renewal	Late renewal penalty
Agricultural pest control adviser	\$80	\$50	\$140	\$70
Pest control aircraft pilot certificate	\$60	\$50	\$90	\$45
Pest control dealer designated agent license	\$25	\$50	\$50	\$25
Qualified applicator license	\$80	\$50	\$120	\$60
Qualified applicator certificate	\$40	\$50	\$60	\$30

* A separate fee will be charged for the Laws and Regulations exam and for each category requested.

Table 2: Summary of fee changes for business licenses

License type	Application	2-Year renewal	Late renewal
Pest control business, primary location	\$160	\$320	\$160
Pest control branch, for each location	\$80	\$160	\$80
Maintenance gardener pest control business	\$80	\$160	\$80
Pest control dealer, initial location	\$160	\$320	\$160
Pest control dealer branch, for each location	\$80	\$160	\$80
Pesticide broker license	\$110	\$220	\$110
Pesticide broker branch, for each location	\$60	\$120	\$60

Table 3: New fees for reissuing licenses and administration of continuing education

Notification of Change to Record of License or Certificate	
Changes that require reissuing a license or certificate, or issuing a duplicate license or certificate	\$20
Evaluation of Continuing Education Courses	
Evaluating continuing education courses, per course, per calendar year	\$45

For more information, visit our Web site, www.cdpr.ca.gov, or write us at LicenseMail@cdpr.ca.gov

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE				
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.	
																	TELEPHONE NUMBER ()	

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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Don't Wait To Renew

Schedule for Individual License and Certification Renewals

*DPR receives you renewal on or
before:*

> **September 30, 2004**

We will mail it back by
November 17, 2004

> **October 29, 2004**

We will mail it back by
December 17, 2004

> **November 30, 2004**

We will mail it back by
January 17, 2005

> **December 31, 2004**

We will mail it back by
February 18, 2005

> **January 31, 2005**

We will mail it back by
March 15, 2005



www.cdpr.ca.gov

**California Department of
Pesticide Regulation
Licensing and Certification
916-445-4038**

INSTRUCTIONS

- For each approved course you have taken, enter following: (a) title; (b) I.D. code number; (c) location, (d) date(s) attended; and (e) hours completed. In the boxes in the lower right hand corner at the bottom of the page, enter the total number of hours you have completed for the current renewal period. If you are using a document other than this form as proof of continuing education, you do not need to return this form; however, **you must provide the same information as is required on this form.** Your continuing education document must be returned with your renewal application. If the information on this form or the document you submit is incomplete, the processing of your renewal application will be delayed.
- If you want to receive credit for a course offered by an accredited college or university, on a separate sheet of paper, include the following information: the accredited institution, the course instructor's name, the total hours you attended, a brief summary of the course topic, and a copy of your grade report or transcript listing the course or a verification of attendance signed by the instructor.
- Please do not submit application and fee unless continuing education hours have been completed. If you fail to complete the required minimum by December 31 of the expiration year because of insufficient continuing education hours, you must re-examine, but are not required to repeat the minimum qualifications (e.g. education or experience).**

APPLICANT NAME	CERTIFICATE/LICENSE TYPE	CERTIFICATE/LICENSE NUMBER
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CONTINUING EDUCATION COURSE INFORMATION

		Laws and Regulations (L)	Aerial Application and Techniques (A)	Ground Application and Techniques (G)	Other (O)	Total Course Hours (T)
1. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
2. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
3. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
4. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
5. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
6. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
7. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
8. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
9. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
Total Renewal Hours						

License/Certificate Renewal Information Request

Providing this information is optional

(Please complete the appropriate information below for your licenses/certificates)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name: _____
First

Last

Home E-mail Address: _____

Home Telephone Number : _____

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name: _____ Business Telephone Number : _____

Address: _____
City State Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

- ☐ Currently inactive in pest control work.
- ☐ Work for governmental agency.
☐ City ☐ County ☐ State ☐ Federal
- ☐ Work for Special Government District.
☐ Irrigation District ☐ School District ☐ Mosquito Abatement ☐ Other: _____
- ☐ Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.
- ☐ Work for or own a pest control Business (check applicable ones).
☐ Maintenance Gardener Pest Control Business ☐ Pest Control business (for hire) - Aerial
☐ Pest Control Business (for hire) - ground ☐ Manufacturing/distributing chemical company
☐ Farm management company ☐ Pesticide Dealer business
☐ Other: _____
- ☐ Independent agricultural pest control adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, use, sell or supervise the use of, by checking the appropriate box(es) below.

- ☐ Restricted Use Pesticides ☐ General Use Pesticides
☐ Both Restricted Use and General Use Pesticides ☐ Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

(Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> 1. Alameda | <input type="checkbox"/> 13. Imperial | <input type="checkbox"/> 25. Modoc | <input type="checkbox"/> 37. San Diego | <input type="checkbox"/> 49. Sonoma |
| <input type="checkbox"/> 2. Alpine | <input type="checkbox"/> 14. Inyo | <input type="checkbox"/> 26. Mono | <input type="checkbox"/> 38. San Francisco | <input type="checkbox"/> 50. Stanislaus |
| <input type="checkbox"/> 3. Amador | <input type="checkbox"/> 15. Kern | <input type="checkbox"/> 27. Monterey | <input type="checkbox"/> 39. San Joaquin | <input type="checkbox"/> 51. Sutter |
| <input type="checkbox"/> 4. Butte | <input type="checkbox"/> 16. Kings | <input type="checkbox"/> 28. Napa | <input type="checkbox"/> 40. San Luis Obispo | <input type="checkbox"/> 52. Tehama |
| <input type="checkbox"/> 5. Calaveras | <input type="checkbox"/> 17. Lake | <input type="checkbox"/> 29. Nevada | <input type="checkbox"/> 41. San Mateo | <input type="checkbox"/> 53. Trinity |
| <input type="checkbox"/> 6. Colusa | <input type="checkbox"/> 18. Lassen | <input type="checkbox"/> 30. Orange | <input type="checkbox"/> 42. Santa Barbara | <input type="checkbox"/> 54. Tulare |
| <input type="checkbox"/> 7. Contra Costa | <input type="checkbox"/> 19. Los Angeles | <input type="checkbox"/> 31. Placer | <input type="checkbox"/> 43. Santa Clara | <input type="checkbox"/> 55. Tuolumne |
| <input type="checkbox"/> 8. Del Norte | <input type="checkbox"/> 20. Madera | <input type="checkbox"/> 32. Plumas | <input type="checkbox"/> 44. Santa Cruz | <input type="checkbox"/> 56. Ventura |
| <input type="checkbox"/> 9. El Dorado | <input type="checkbox"/> 21. Marin | <input type="checkbox"/> 33. Riverside | <input type="checkbox"/> 45. Shasta | <input type="checkbox"/> 57. Yolo |
| <input type="checkbox"/> 10. Fresno | <input type="checkbox"/> 22. Mariposa | <input type="checkbox"/> 34. Sacramento | <input type="checkbox"/> 46. Sierra | <input type="checkbox"/> 58. Yuba |
| <input type="checkbox"/> 11. Glenn | <input type="checkbox"/> 23. Mendocino | <input type="checkbox"/> 35. San Benito | <input type="checkbox"/> 47. Siskiyou | |
| <input type="checkbox"/> 12. Humboldt | <input type="checkbox"/> 24. Merced | <input type="checkbox"/> 36. San Bernardino | <input type="checkbox"/> 48. Solano | |

California Environmental Protection Agency

Customer Service Survey

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at www.calepa.ca.gov/Customer/CSForm.asp. To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation
Pest Management and Licensing Branch
P.O. Box 4015
Sacramento, CA 95812-4015

Thank you for your feedback.